

Image Correspondence

A Case of the Suspicious Horn

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Received: 10 July 2025
Accepted: 15 August 2025
Epub Ahead of Print: 17 November 2025
Published: 22 January 2026

DOI
10.25259/IJPGD_154_2025

Quick Response Code:



A 65-year-old man presented with a 15-year history of a slowly growing, asymptomatic chest lesion. Examination revealed a 5 cm curved, hard keratin column with vertical ridges and an 'oyster-shell' appearance. At its base was a firm, erythematous, non-tender nodule with telangiectasia, fixed to the underlying skin [Figure 1]. No lymphadenopathy was noted. A clinical diagnosis of cutaneous horn overlying squamous cell carcinoma was made. Excision and subsequent histopathology showed epithelial cell nests with eosinophilic cytoplasm extending up to varying depths into the dermis, along with horn pearls [Figure 2]. Margins were clear of atypia. The patient was counselled and advised to undergo 3-monthly follow-ups.



Figure 1: A 5 cm long, curved, hard keratin column with vertical ridges and an 'oyster-shell' appearance. The base comprised of a firm, erythematous, non-tender nodule with telangiectasia, fixed to the underlying skin.

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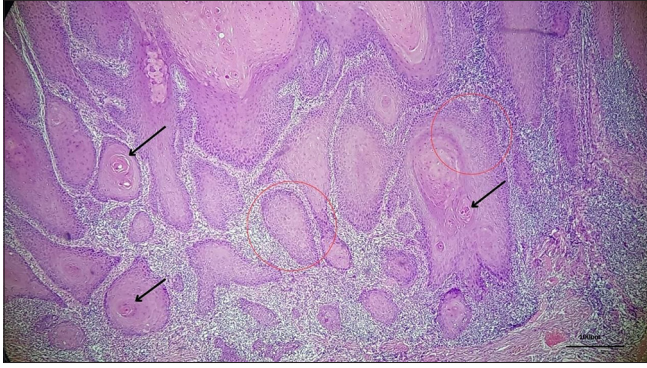


Figure 2: Histopathological image (10x magnification) shows epithelial cell nests with eosinophilic cytoplasm and nuclear atypia extending up to varying depths into the dermis (red circle), along with horn pearls (black arrows).

Ethical approval: Institutional Review Board approval is not required.

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation: The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

How to cite this article: Gorai S, Sikder B, Dey S. A Case of the Suspicious Horn. Indian J Postgrad Dermatol. 2026;4:118-9. doi: 10.25259/IJPGD_154_2025